## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>03-19-2009</u>	Address:	<u>11 Long L</u> an <u>e</u>	
Case #:	<u>16F18774</u>		N. Manchester, IN 46962	
County:	<u>Wabaşh (85)</u>			
Type of L	aboratory Scizure (check one)	Scizure Location (	theck all that apply)	
Operati Chemic Dumps	cal/Glassware/Equipment (only)	Residence Dutbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☑ Other: outbuilding	
<u>(check all ti</u>	<b>nd:</b> Location (bedroom, kitchen, open a hat apply) a/Ammonia Reaction(s): <u>ba</u> th <u>room</u>	ir, etc)	**************************************	
Red Ph	osphorous/Iodine Reaction(s):			
🖾 Flamma	able Solvents: bathroom			
☐ Water F	Reactive Metal (Lithium):			
	ous Ammonia:		•	
⊠ Hydroc	hloric Acid Gas Generator(s): outbui	lding		
	ve Acid: master bedroom / bathroom	_		
	ve Base:			
Other (i	tem and location):			
∐ Yes ⊠ No	er age 18 discovered (check one) (number present)  port to Child Protective Services	Ephedrine	<u>: Information</u> /Pseudoephedrine Tracking Log rehant Tip	
This repor	t is to be faxed to the following ager	ncies that serve the lo	cation:	
Fire Department: <u>Pfeasant Vol. Fire Dept.</u> Health Department: <u>Wabash Co.</u> Child Protection Service: N/A			Fax: <u>260-563-3521</u> Fax: <u>260-563-6082</u> Fax: <u>N/A</u>	
For further i Investigatin	information regarding this methamph g Officer: <u>Trp. T.J. Zeiser</u> Phor	etamine laboratory, ec ne 76 <u>5-473-6666</u>	ontact	
This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department				

listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.